

**REQUEST FOR RESTORATION OF ANNUAL LEAVE**  
**(Prepare 3 Copies)**

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**SECTION A - EMPLOYEE INFORMATION**

\_\_\_\_\_  
ICD

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Timekeeper Name and Number

\_\_\_\_\_  
Number of Hours of Annual  
Leave to be Restored

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**SECTION B - REASON FOR RESTORATION (SICKNESS, ADMINISTRATIVE ERROR,  
EXIGENCY OF PUBLIC BUSINESS). IF MORE SPACE IS NEEDED, USE  
SEPARATE PAGE.**

Dates of exigency or sickness: From \_\_\_\_\_ To \_\_\_\_\_

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**SECTION C - APPROVALS**

\_\_\_\_\_  
Leave-Approving Official's Signature

\_\_\_\_\_  
Reviewing Official's Signature

Recommend approval: Yes \_\_\_\_ No \_\_\_\_

Approved \_\_\_\_ Disapproved \_\_\_\_ Date Annual Leave Restored \_\_\_\_\_\*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of ICD Director

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\*Date restoration of annual leave was approved in correcting an administrative error; or date exigency ended; or date of recovery from illness.